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| --- | --- |
|  | Charity Sales Program |

## Applicant (Donor) Information

|  |  |  |  |
| --- | --- | --- | --- |
| Donor Name or Organization: |   | Date: |  |
|  |  |  | . |  |  |
| Phone: |  | Email Address | : |
| Website: |  |

|  |  |  |
| --- | --- | --- |
| Physical Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |
| --- | --- | --- |
| Shipping Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indicate type of location to be shipped to: | HOME[ ]  | BUSINESS[ ]  | Days of the week and hours available to accept deliveries: |  |   |
|  |  |  |  |  |  |
| Do you require delivery trucks to be equipped with a liftgate? | YES[ ]  | NO[ ]  | Required pallet specifications ifany listed in inches (L x W x H) :: |  |   |
| Are you a new applicant to the charity sales program? | YES[ ]  | NO[ ]  | How did you hear about us: |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a valid charity 501(c)3 #? *(please submit a copy if “yes”)* | YES[ ]  | NO[ ]  | 501(c)3 #:  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a Sales & Use Tax Exemption Certificate? *(please submit a copy if “yes”)* | YES[ ]  | NO[ ]  |  |

## EVENT INFORMATION

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Event Type (check one)  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Ministry Outreach [ ]  Holiday Party  | Special Event [ ]   | Hospital Donation [ ]  |  School Program [ ]  Other [ ]  |  |  |

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| --- | --- | --- | --- |
| Other (Explain): |  | # of Children to Benefit: |  |
| Budget (if known): |  | Desired Price per Toy: |  |
| Ages & Gender(s): |  | Specific Brands Desired: |  |
| Tell us About Your Organization: |  |
|  |
| How do you Plan to Donate these Toys: |  |
|  |

## PROGRAM POLICIES

Please read the following program policies in their entirety and sign below.

|  |  |  |  |
| --- | --- | --- | --- |
| Shipping Information: |  | Items purchased at the stores may be picked up at time of purchase or arrangements can be made to ship the order to your organization at Mattel's preferred vendor rates. If you have a specific date you are trying to meet, please indicate this on your order form. Shipping rates are calculated based on the final order: number of cartons, weight and volume, and destination. Orders may only be shipped within the U.SPLEASE NOTE: Any purchases from the Charity Sales Program that need to be shipped will come from our Mattel San Bernardino Distribution Center. Shipping costs will be calculated from 1456 E. Harry Sheppard Blvd. San Bernardino, CA 92408 to your location. |  |
| Payment Information: |  | Payment in full is required at time of purchase after your order is confirmed and must be received prior to pick-up or shipment of order. Orders cannot be held longer than 72 hours unless otherwise approved by store management. Cash, Visa, MasterCard and Discover/Novus are accepted forms of payment. Company checks are accepted on a case-by-case basis. Company checks must be cleared prior to shipping or pick-up. Company checks (must be overnighted with tracking information) payment must be processed in full at least 3 days after we receive confirmation. We hope to offer AMEX in the near future. State sales/use taxes may be applicable for sales made to customers in the states of AL,AR,CA,CT,GA,IL,IN,IA,KS,KY,LA,ME,MD, MA,MI,MN,NE,NV,NJ,NY,NC,ND, OH,OK,PA,RI,SD,TN,TX,UT,VT,VA, WA,WV,WI, and WY. Organizations with a 501c3 status with the IRS are not automatically exempt from State sales/use tax; documentation showing Sales & Use Tax Exemption Certificate status must be provided to the Charity Sales Dept. All pricing includes pre-paid shipping.  |  |
| Private Shopping Requests: |  | If you'd like to request a private shopping opportunity at one of our retail stores for your organization or for confidentiality purposes, please contact the store of your choice directly to make any arrangements. We try to accommodate these requests as best as we can either before or after normal store hours or on a day, we are otherwise closed depending on staffing availability. |  |
| “As Is” Condition: |  | It is important to note that products are sold in "as is" condition with no warranties expressed or implied. We cannot guarantee specific items, styles, colors or quantities. Products are sold in full cartons only. All items are offered while supplies last. Replacement items may be offered if an ordered item is currently out of stock. By completing, signing and submitting this application, your organization agrees to these conditions. |  |
|  |  |  |  |

## AUTHORIZED SIGNATURE

YOU OR YOUR ORGANIZATION BY PURCHASING THROUGH THE MATTEL CHARITY SALES PROGRAM REPRESENT THE FOLLOWING:

The toys purchased will be used solely for gifting to children for charitable purposes. The toys purchased will not be used for wholesale, resale, fundraising, silent auctions, prizes or personal use purposes of any kind.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please return this completed and signed request along with copies of your 501(c)3 and/or sales tax exemption paperwork (if applicable) to:

Contact: Dena Stupplebeen

E-Mail (Preferred) CharitySales@Mattel.com